

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): MARGUERITE DESELMs 984 W. 3rd St, San Pedro, CA 90731 TELEPHONE NO.: 310-427-1008 FAX NO. (Optional): E-MAIL ADDRESS (Optional): mdeselm@s@wt.net ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> FILED CLERK, U.S. DISTRICT COURT <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> NOV - 6 2012 </div> CENTRAL DISTRICT OF CALIFORNIA BY _____ </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 312 N. Spring St. MAILING ADDRESS: Los Angeles, CA 90012 CITY AND ZIP CODE: BRANCH NAME: Central District - Western Division	CASE NUMBER: CV 12-8765 JAK (FFM)
PLAINTIFF/PETITIONER: MARGUERITE DESELMs DEFENDANT/RESPONDENT: CAPITAL MANAGEMENT SERVICES LP	Ref. No. or File No.:
PROOF OF SERVICE OF SUMMONS	

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. ☒ summons
 - b. ☒ complaint
 - c. ☐ Alternative Dispute Resolution (ADR) package
 - d. ☐ Civil Case Cover Sheet (served in complex cases only)
 - e. ☐ cross-complaint
 - f. ☐ other (specify documents):
3. a. Party served (specify name of party as shown on documents served):
CAPITAL MANAGEMENT SERVICES L.P.
- b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
CORPORATION SERVICE CO., Registered Agent
4. Address where the party was served: **2711 Centerville Rd, Suite 400, Wilmington, DE 19808**
5. I served the party (check proper box)
 - a. ☐ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): _____ (2) at (time): _____
 - b. ☐ **by substituted service.** On (date): _____ at (time): _____ I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3): _____
 - (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): _____ from (city): _____ or ☐ a declaration of mailing is attached.
 - (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

PLAINTIFF/PETITIONER: <u>MARGUERITE DESELMs</u>	CASE NUMBER: <u>CV12-8765 JAK(FFM)</u>
DEFENDANT/RESPONDENT: <u>CAPITAL MANAGEMENT SERVICES LP.</u>	

5. c. ☒ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): October 15, 2012 (2) from (city): San Pedro, CA
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☒ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means** (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☐ On behalf of (specify):

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input checked="" type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. **Person who served papers**

- a. Name: SUE CADENASSO
- b. Address: 108 CORAL ROSE, IRVINE, CA 92603
- c. Telephone number: 925-954-5753
- d. The fee for service was: \$ 20

e. I am:

- (1) ☒ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ a registered California process server:
- (i) ☐ owner ☐ employee ☐ independent contractor.
- (ii) Registration No.:
- (iii) County:

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 10-15-12

SUE CADENASSO

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

|||||

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>E. Buckley Condon</i> </div> </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>E. Buckley Condon</i> </div> </p> <p>C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>1/25/04</i> </div> </p>						
<p>1. Article Addressed to:</p> <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Corporation Service Co 2711 Centerville Rd Suite 400 Wilmington, DE 19808 </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>						
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> G.O.D.</td> </tr> </table>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> G.O.D.
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> G.O.D.						
<p>3. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						
<div style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;"> 7011 1570 0000 6459 9638 </div>							
<p>PS Form 3811, February 2004</p>							

Domestic Return Receipt
102595-02-11-1540